OSC Use Only:	
Reporting Code:	
Category Code:	
Date Contract Approved:	

FORM A

State Consultant Services - Contractor's Planned Employment	
From Contract Start Date Through The End Of The Contract Term	

State Agency Name:
Contractor Name:
Contract Start Date:
Agency Code:
Contract Number:
Contract End Date:

Employment Category		Number of Employees	Number of hours to be worked	Amount Payable Under the Contract	
29-1141.00	Registered Nurses	4	9360	\$797,397.12	
29-1141.03	Critical Care Nurses	2	3744	447,183.36	
29-2061.00	Licensed Practical Nurses				
29-1141.01	Acute Care Nurses				
31-1131.00	Nursing Assistants	1	1872	\$75,422.88	
Total this page				\$1,3200,003.36	

Name of person who prepared this report:			
Title:	Phone #:		
Preparer's Signature:			
Date Prepared:			
(Use additional pages, if necessary)		Page	of